

219248

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2009 - 397 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Richard Johnson

Telephone: 843-277-9257

Address: 195 Farmington Road, Suite F

Fax: 843-821-7896

Summerville South Carolina 29485

Other: 843-813-4113

Email: johnson.richard31@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED
JUN 22 2009
PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 9-1-09

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:

(list counties) Charleston County, Berkeley County, Dorchester County

Amended Scope:

(list counties)

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is . My certificate was revoked/
cancelled on because

I am seeking reinstatement because

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Richard Johnson ^{dba} Johnson's Moving (Sole Proprietorship)

4242 Club Course Drive, North Charleston, South Carolina, 29420-7506

Street Address of Applicant

195 Farmington Road, Suite F, Summerville South Carolina 29485

Mailing Address of Applicant if different from street address

843-277-9256

Phone

843-821-7986

FAX

johnson.richard31@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.
-
-
-

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)
☐ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month September Year 2009

Assets:

Cash	10,000.00
Receivables	5,670.00
Real Estate	893,700.00
Buildings and Equipment (Net)	190,000.00
Motor Vehicles (Net)	54,000.00
Garage Equipment (Net)	1,200.00
Machinery and Tools (Net)	2,500.00
Supplies on Hand	190.00
Prepays and Other Assets	4,095.00
Total Assets	1,161,355.00
<u>Liabilities and Equity:</u>	
Accounts Payable	3,950.00
Notes Payable	
Mortgages Payable	3993.00
Equipment Obligations	5,100.00
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	13,043.00
Capital Stock	27,000.00
Retained Earnings	3,000.00
Total Equity	4,864
Total Liabilities and Equity	17,907

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

One 2008 26' truck with a 3,000lb lift gate and alternative ramp system, two expert pre-screened movers, 500 industrial moving pads, 6 dollies with carts, 90 ratchet straps, unlimited supply of industrial shrink wrap, 4 ladders, free use of wardrobe boxes, unlimited supply of 50 gallon trash bags, and our trained Johnson's Moving safety load system, for \$75.00 (seventy five dollars) per hour. Clients will be informed of a nonnegotiable 3 hour minimum precondition of business at time of consummation of services (booking process). A mandatory hourly charge for each additional expert mover is \$25.00 (twenty five dollars). A mandatory daily usage fee applies for each additional 26' truck needed per job of \$150.00 (one hundred fifty dollars). Most local moves have an affordable service total ranging between \$225.00 - \$675.00. Which makes the necessary moving services needed by everyone in our community within financial reach.

* FURTHERMORE, ANY DINGS, SCRATCHES, OR DAMAGE INCURRED AS THE RESULT OF MOVING AROUND ANY WALLS OR FURNITURE WILL BE REPAIRED TO THE CLIENT'S SATISFACTION AT NO ADDITIONAL COST.

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

3 TOTAL

1. Dorchester County
2. CHARLESTON County
3. BENKELEY County

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Johnson' Moving

Name of Motor Carrier

195 Farmington Road Suite F Summerville South Carolina 29485

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$

8806⁰⁰

Quote only

Limits Quoted (See Below:)

Limits

750,000

Cargo Insurance \$

3014⁰⁰

Quote only

Limits

100,000

* Attach Certificate of Insurance if available.

ASI Insurance Solutions LLC

Name of Insurance Company

1309 Highmarket St Georgetown DC 29440

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-9-9

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

Liability Quoted National Casualty

6 of 9

Cargo /GL Quoted Omega US Ins

Lg par kea @ regstaff.
SC 500

803-437-0815

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.

Exhibit FWA

Johnson's Moving (Richard Johnson)
Name

1882483
U.S.D.O.T No.

MC-678769-C
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

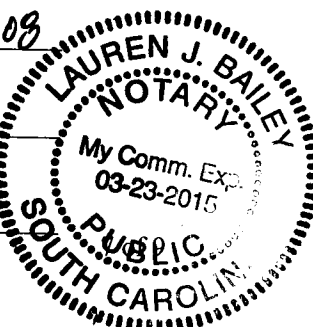
[Signature]
Applicant's Signature

SWORN TO BEFORE ME

This 16 day of September, 2008

[Signature]
Notary Public

Commission Expires 3-23-2015



Sep. 22, 2009 12:01PM

SC Public Service Comm Docketing

No. 3389 P. 2

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Charleston

Applicant's Signature

I,

Richard Johnson

Name of Applicant's Representative

owner

Title

of

Johnson's Moving

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

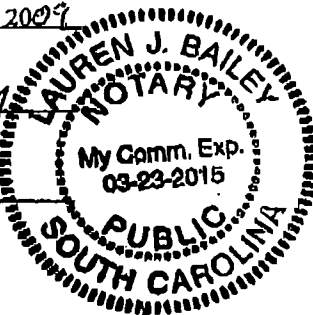
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 16 day of September, 2009

Notary Public

Commission Expires

3-23-2015

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

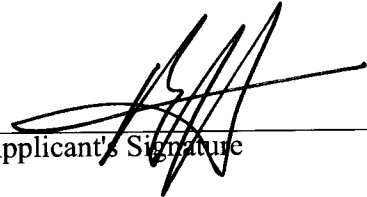
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STATE OF SOUTH CAROLINA

COUNTY OF

Donchester

Applicant's Signature



I,

Richard Johnson

Name of Applicant's Representative

owner

Title

of

Johnson's Moving

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

X

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 16 day of September, 2007

Lauren J. Bailey

Notary Public

Commission Expires

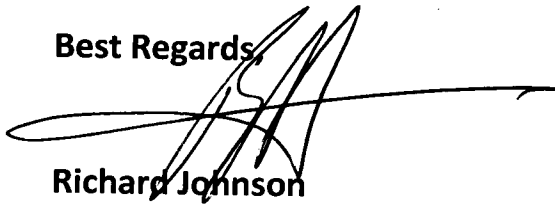
3-23-2015



To whom it may concern,

Thank you for the opportunity to operate in Charleston, South Carolina. In addition to meeting all of your organizations requirements in the coming months, I have just one request before my approval to operate. The request being, any earlier appointments that can be assigned or delegated, my company would greatly appreciate and take full advantage of. Please feel free to contact me personally any time should you have any further questions.

Best Regards,

A handwritten signature in black ink, appearing to be 'Richard Johnson', with a long horizontal flourish extending to the right.

Richard Johnson
Johnson's Moving
195 Farmington Road
Suite F
Summerville Sc 29485